

**THERE'S A WARNING LABEL ON CIGARETTE  
PACKS FOR PEOPLE WHO SMOKE.  
WHERE SHOULD THE WARNING GO FOR  
PEOPLE WHO BREATHE?**

WARNING: Secondhand  
cigarette smoke can  
give you lung cancer.

Secondhand smoke can kill. It doesn't matter that you aren't a smoker, or that you sit in non-smoking sections. When there's secondhand smoke in the air, your risk of getting

**It's time we made  
smoking history.**

lung cancer can increase by 24%. The tobacco companies must not have thought it was worth mentioning.



## Cessation

More than 70% of adults who use tobacco say they want to quit. Fortunately, much is now known about how to help them. Extensive research and practical experience provide valuable tools to address both the physical addiction and behavioral aspects of quitting.

Tobacco users are two to three times more likely to quit successfully if they receive help, especially skills training, clinical social support, and medication such as nicotine replacement patches and gum.

Public and private health systems and insurance financing should aggressively provide and cover these services. But Washington's Medicaid programs and its Basic Health Plan, as well as many private insurers, do not currently cover cessation support services. Washington also lacks easily accessible telephone information and support services for tobacco users.

The supports that work for adults have not proven effective for youth, whose tobacco use has actually increased during the 1990s. This lack of effectiveness may be related to the greater difficulty youth experience enduring delayed gratification and resisting social pressures to smoke. And youth are relentlessly targeted by tobacco industry marketing. There are several programs underway across the country that promise to help youth quit using tobacco.

The cessation component of Washington's Tobacco Prevention and Control Plan emphasizes development and improvement of cessation services, staff training, and removal of barriers to services.

A core element of the cessation component is a statewide youth and adult Quit Line. The Quit Line would take the best, proven services provided by other states with successful programs. These would be combined to create the most comprehensive service in the nation, with counseling, referral, and telephone follow-up, especially for high-risk groups.

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Other elements of the cessation program component are technical assistance for health systems and community-based groups, training and quality improvement for providers of cessation services, and state oversight to ensure that cessation activities are based on scientifically proven best practices.

As included in the community-based program component, the improvement of cessation services would be funded at the local and regional levels.

# ACTION

## Activities

### Year 1

Establish toll-free Quit Line to include:

- Targeted youth component;
- Access to in-depth counseling;
- Multiple follow-up calls;
- Instructional materials personalized to needs of target groups;
- Nicotine replacement therapy for uninsured tobacco users who call Quit Line and agree to participate in follow-up program.

Establish ongoing Cessation Task Force to help coordinate cessation activities at local, regional, and state levels.

Provide technical assistance and consultation to health plans, providers, and employers on:

- Developing cessation programs;
- Increasing access to cessation services;
- Improving provider and health plan services for tobacco users.

### Sustaining

Provide Quit Line services and follow-up.

Explore approaches to certifying providers of cessation services.

Operate ongoing cessation task force and technical assistance for health care systems.

## Outcomes

### Year 1

Increased number of tobacco users who attempt to quit and who quit successfully

Increased awareness, availability, use, and effectiveness of cessation services

Continued identification and implementation of cessation best practices, particularly for target populations

### Sustaining

Increased number of tobacco users who attempt to quit and who quit successfully

Increased awareness, availability, use, and effectiveness of cessation services

Increased frequency and effectiveness of health professional intervention and referral

Decreased prevalence of adult/youth tobacco use

## Cessation

# IMPLEMENTATION

Target Population	Delivery	Costs
<p><b>Year 1 and Sustaining</b></p> <p>Quit Line:</p> <p>Tobacco users, with marketing targeted to pregnant women, youth, uninsured, residents of high-prevalence counties (Lewis, Pacific, and Grays Harbor), American Indians/Alaska Natives, persons employed in blue collar and service occupations</p> <p>Technical assistance and consultation:</p> <p>Schools, community groups, and health care systems</p>	<p><b>Year 1 and Sustaining</b></p> <p>Develop and release RFP for Quit Line provider/contract completed:</p> <p>April-July 2000</p> <p>Develop adult and youth Quit Line; conduct research with youth:</p> <p>July-August 2000</p> <p>Establish and operate Cessation Task Force:</p> <p>July 2000-ongoing</p> <p>Coordinate with health plans, systems, and community organizations on referral network:</p> <p>August 2000- ongoing</p> <p>Start Quit Line:</p> <p>September 2000-ongoing</p> <p>Provide technical assistance and consultation services:</p> <p>July 2000-ongoing</p>	<p><b>Year 1</b></p> <p>\$1.89 million (youth and adult Quit Line)</p> <p>\$125,000 (technical assistance/consultation services)</p> <p>\$35,000 DOH Program Staff (.5 FTE)</p> <p><b>Sustaining</b></p> <p>\$1.89 million (youth and adult Quit Line)</p> <p>\$125,000 (technical assistance/consultation services)</p> <p>\$75,000 (provider training)</p> <p>\$70,000 DOH Program Staff (1 FTE)</p>

What pickled  
this frog,

Could pickle  
your lungs.



The same formaldehyde that preserves  
dead frogs is found in cigarettes.



**CDC**  
CENTERS FOR DISEASE CONTROL  
AND PREVENTION



## Public Awareness and Education

Every year in the United States, 400,000 people die from using tobacco. Thousands more smokers quit. To replace these customers and retain current ones, the tobacco industry will spend more than \$5 billion nationally on marketing and advertising to promote its products — \$100 million in Washington alone.

As adult tobacco consumption has leveled off during the past two decades, the tobacco industry has nearly quadrupled its spending on marketing. It refined and targeted its messages to youth, communities of color, low-income communities, and other high-risk groups.

The state must invest tobacco prevention dollars in a continuing public education and awareness campaign to counter industry marketing.

Such efforts have worked impressively in other states. In California, smoking rates declined 12.2% in one year after implementation of an intense anti-tobacco media campaign. The campaign was part of a comprehensive statewide program. Rates stopped dropping when funding for the media campaign was discontinued; rates began to decrease again when the public awareness and education campaign was reinstated.

In Massachusetts, a strong public awareness campaign resulted in increased use of cessation services and a faster drop in tobacco consumption than national rates. Similar

campaigns in California, Florida, and Oregon have produced comparable results.

In Washington, a public awareness campaign would focus on the parts of the state where tobacco consumption remains highest, including such high-use counties of Lewis, Pacific, and Grays Harbor. It would also incorporate youth input to craft anti-tobacco images that are meaningful to young people.

The component would focus tobacco prevention resources on a paid mass media campaign, public information, and event sponsorships beginning in 2000. Target audiences would include

*When California implemented an anti-tobacco media campaign, smoking rates fell. Rates leveled-off when the campaign was stopped.*

children, pregnant women, and tobacco users. The campaign, developed with help from advertising and public relations professionals, would be coordinated with other program components, such as advertising the Quit Line. Awareness surveys would measure whether the messages were getting through.



# ACTION

## Activities

### Year 1

Develop a statement of work for the mass media campaign, requiring the contractor to meet performance measures.

Identify and contract with an advertising/public relations firm.

Develop themes for Washington target populations.

Test existing advertisements and use the most effective ones for Washington.

Secure free media time.

Start media campaign using existing advertisements and create advertisements based on campaign themes.

### Sustaining

Monitor contractor performance.

Based on survey results and feedback from target populations, adjust and refine campaign.

Increase free media time.

Develop creative ways to reach youth, such as forming partnerships with corporations that market to youth.

## Outcomes

### Year 1

Campaign awareness (80-90% recall by all target audiences)

Increased knowledge of campaign themes on target audiences

Increased use of Quit Line

### Sustaining

Increased campaign awareness

Increased negative attitudes about tobacco use

Decreased prevalence of youth and adult use

Decreased intention by youth and adults to start using tobacco products

Continued increased calls to Quit Line

Decreased receptivity of youth/adults to pro-tobacco messages

Increased number of youth and youth/adults who quit using tobacco

## Public Awareness and Education

# IMPLEMENTATION

Target Population	Delivery	Costs
<p><b>Year 1 and Sustaining</b></p> <p>Tobacco users (especially low-income and rural)</p> <p>Pregnant women and new parents</p> <p>Youth, grades K-12</p> <p>Young adults (18-24 years)</p>	<p><b>Year 1 and Sustaining</b></p> <p>Conduct market research with target populations: April-May 2000</p> <p>Develop and release RFA for contractor and finalize contract: April-June 2000</p> <p>Identify themes; start media campaigns with existing ads: July 2000</p> <p>Develop and test ads developed for Washington target populations: August 2000-ongoing</p> <p>Start media and marketing campaign for Quit Line: September 2000</p> <p>Monitor contractor performance: July 2000-ongoing</p> <p>Refine campaign from feedback: September 2000-ongoing</p>	<p><b>Year 1</b></p> <p>\$780,000 (public information)</p> <p>\$7.8 million (media campaign)</p> <p>\$65,000 DOH Program Staff (1 FTE)</p> <p><b>Sustaining</b></p> <p>\$780,000 (public information)</p> <p>\$7.8 million (media campaign)</p> <p>\$130,000 DOH Program Staff (2 FTEs)</p>



***“Since most people who smoke become  
addicted to nicotine by the time they turn 18,  
tobacco use is considered a children’s disease.  
Every day in Washington, 65 children start  
smoking.”***

— Mary C. Selecky, Secretary of Health



## Youth Access

Washington already has a successful program in place to control minors' access to tobacco products. Federal legislation — the 1992 Synar Amendment — and 1993 state legislation provide incentives to discourage the sale and distribution of tobacco products to youth under age 18. They also require enforcement of these policies through checks of cigarette retailers.

Washington is one of only four states that has reached national goals set by the federal Synar Amendment. About 88% of Washington's 7,000 retailers who sell cigarettes are within compliance with the laws prohibiting cigarette sales to minors. In some counties, the percentage is lower.

Existing statewide efforts include a three-way partnership among the Division of Alcohol and Substance Abuse, the Liquor Control Board, and the Department of Health. The Department coordinates the state youth prevention program, which costs about \$900,000 a year collected from retailer license fees.

Local public health jurisdictions conduct compliance checks and retailer education, and the State Liquor Control Board performs enforcement. The Liquor Control Board also receives \$500,000 from the federal Food and Drug Administration for youth access activities.

With state and federal funding, Washington conducts about 14,000 retailer checks a year.

The youth access program component of the Tobacco Prevention and Control Plan would build on the current efforts to extend the reach of retailer education. Under the plan, additional retailer compliance checks would be conducted in those counties falling below the program goals of 80% compliance for the first two years and 90% in sustaining years. Current retailer education materials would be augmented and distributed statewide.

*Washington is one of only four states that has reached national goals for programs to discourage tobacco sales to youth.*

The Department of Health would work with the Attorney General's office, retailers, and others to strengthen youth access policies and make them more consistent with best practices.

Policy issues include tobacco retailer licensing, sampling, and local pre-emption.

**ACTION**

Activities	Outcomes
<p><b>Year 1</b></p> <p>Retailer education:</p> <ul style="list-style-type: none"><li>• Increase coordination statewide;</li><li>• Develop and distribute retailer education packet and video;</li><li>• Support communities/Tribes in conducting retailer compliance checks;</li><li>• Support collection of county baseline data for retailer compliance.</li></ul>	<p><b>Year 1</b></p> <p>Retailer compliance rate in every county of 80% or higher by 2001</p>
<p><b>Sustaining</b></p> <p>Continue retailer education activities.</p>	<p><b>Sustaining</b></p> <p>Retailer compliance rate of 90% or higher in every county by 2002</p> <p>Decreased youth access to tobacco products from all sources</p>

# IMPLEMENTATION

Target Population	Delivery	Costs
<p><b>Year 1 and Sustaining</b></p> <p>All retailers selling tobacco products</p> <p>Youth</p> <p>American Indians/ Alaska Natives</p>	<p><b>Year 1 and Sustaining</b></p> <p>Develop and distribute retailer education materials: July 2000-ongoing</p> <p>In coordination with community-based programs, conduct training and retailer compliance checks: July 2000-ongoing</p>	<p><b>Year 1</b></p> <p>\$140,000 (development and distribution of retailer education materials)</p> <p>Funds for additional compliance checks are included in grants to Tribes and communities.</p> <p><b>Sustaining</b></p> <p>\$75,000 (materials printing and other production costs)</p>

***“Washington’s lawsuit was never about money. It was about saving the lives of the next generation of kids.”***

— Christine Gregoire, Washington State  
Attorney General



## Assessment and Evaluation

The Washington Tobacco Prevention and Control Plan is a comprehensive, integrated response to a complex public health problem. Each element of the plan is an essential part of the whole. Assessment and evaluation will allow the Department of Health to measure progress in reaching program goals and demonstrate program accountability.

Assessment — monitoring tobacco-related behaviors, attitudes, and health outcomes at regular intervals — shows whether programs cause a drop in tobacco consumption and exposure to environmental tobacco smoke. Surveys would show the level of public recognition of positive tobacco messages in the media.

Evaluation focuses on specific program components and provides a mechanism to correct and refine program activities so that they are more likely to achieve defined performance indicators and outcomes.

The assessment and evaluation component of the tobacco prevention plan would demonstrate whether the state's public education campaign is reaching its target audiences with its intended messages and to what degree elementary and secondary children are being exposed to a variety of powerful anti-tobacco messages in their schools. It would measure changes in youth attitudes and smoking rates. It would indicate whether community programs are mobilizing individuals, families, and local orga-

nizations and resources to fight the influences of tobacco industry marketing. And it would reveal whether cessation programs are helping tobacco users to overcome their addiction to nicotine.

The assessment and evaluation responsibilities would be developed and supervised by an advisory group of representatives from state government, universities, and independent researchers.

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Resources would be invested in supplementing existing assessment systems, such as the Behavioral Risk Factor Survey for adults and the Adolescent Health Behavior Survey for youth. This would allow for comparative looks across all states. Other activities would include direct reporting from schools and communities, technical support for demonstration projects, and surveys to evaluate program effectiveness among target groups.

**ACTION**

Activities	Outcomes
<p><b>Year 1</b></p> <p>Assess county-level tobacco use, knowledge, exposure, and attitudes among adults and youth through the existing adult Behavioral Risk Factor Surveillance System (BRFSS) telephone survey and the school-based Washington State Survey of Adolescent Health Behaviors (WSSAHB) questionnaire.</p> <p>Conduct independent telephone surveys of adults and youth to gather specific information on attitudes and knowledge of tobacco to target programs.</p> <p>Establish assessment/evaluation advisory and consulting groups.</p> <p><b>Sustaining</b></p> <p>Continue monitoring tobacco use, knowledge, exposure, and attitudes through BRFSS and WSSAHB.</p> <p>Continue monitoring effectiveness of specific program components through specialized surveys and evaluation.</p> <p>Conduct ethnical assistance and consulting to local communities and schools to ensure valid program evaluation.</p> <p>Continue consultation with external experts to validate evaluation of overall program components.</p> <p>Publish biennial monograph to communicate overall program success.</p>	<p><b>Year 1 and Sustaining</b></p> <p>Ability to measure progress and demonstrate program accountability.</p>



# IMPLEMENTATION

Target Population	Delivery	Costs
<p><b>Year 1 and Sustaining</b></p> <p>Public school attendees, grades 6, 8, 10, 12; school administrators and lead health teachers</p> <p>Adults, especially tobacco users, high-risk populations, parents, and young adults</p> <p>Low-income, pregnant, and parenting women</p> <p>Youth with parental permission</p> <p>School-based and community-based program coordinators</p>	<p><b>Year 1 and Sustaining</b></p> <p>Enhance BRFS:</p> <p>Throughout 2000 and in even years</p> <p>Survey adolescent behavior:</p> <p>School-based survey, fall 2000 and in even years</p> <p>Conduct adult and youth telephone survey:</p> <p>May-July 2000; at 4-6 months of media; May-July 2001 and in odd years</p> <p>Establish advisory group:</p> <p>Ongoing external review of evaluation and communications</p>	<p><b>Year 1</b></p> <p>\$2.19 million (assessment and evaluation)</p> <p>\$53,000 DOH Program Staff (1 FTE)</p> <p><b>Sustaining</b></p> <p>\$1.46 million (assessment and evaluation)</p> <p>\$79,500 DOH Program Staff (1.5 FTE)</p>